

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	J		
<b>O.I.P.E. CLASSIFIER</b>		113	1/17/01
<b>FORMALITY REVIEW</b>	JG	1077	1/17/01
<b>RESPONSE FORMALITY REVIEW</b>			

JC 6

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	1/17/01
2	✓
3	✓
4	0
5	✓
6	N
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14	✓
15	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

JC 6  
1/17/01